STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS AND MINING						FORM 3 AMENDED REPORT			
APPLICATION FOR PERMIT TO DRILL						1. WELL NAME and NUMBER Greater Monument Butte I-2-9-16			
2. TYPE OF WORK DRILL NEW WELL REENTER P&A WELL DEEPEN WELL DEEPEN WELL						3. FIELD OR WILDCAT MONUMENT BUTTE			
4. TYPE OF WELL Oil Well Coalbed Methane Well: NO						5. UNIT or COMMUNITIZATION AGREEMENT NAME GMBU (GRRV)			
6. NAME OF OPERATOR NEWFIELD PRODUCTION COMPANY						7. OPERATOR PHONE 435 646-4825			
8. ADDRESS OF OPERATOR Rt 3 Box 3630 , Myton, UT, 84052						9. OPERATOR E-MAIL mcrozier@newfield.com			
10. MINERAL LEASE NUMBER (FEDERAL, INDIAN, OR STATE)	11. MINERAL OWNERSHIP FEDERAL INDIAN STATE FEE				12. SURFACE OWNERSHIP FEDERAL NIDIAN STATE FEE				
ML-21839 13. NAME OF SURFACE OWNER (if box 12	FEDERAL INDIAN STATE (FEE)				FEDERAL INDIAN STATE FEE FEE				
15. ADDRESS OF SURFACE OWNER (if box 12 = 'fee')						16. SURFACE OWNER E-MAIL (if box 12 = 'fee')			
				TON EDOM		19. SLANT			
17. INDIAN ALLOTTEE OR TRIBE NAME (if box 12 = 'INDIAN')	18. INTEND TO COMMINGLE PRODUCTION FROM MULTIPLE FORMATIONS YES ((Submit Commingling Application) NO (
						VERTICAL DIRECTIONAL HORIZONTAL			
20. LOCATION OF WELL		TAGES	QTR-QTR	SECTIO	ON	TOWNSHIP	RANGE	MERIDIAN	
		_ 755 FEL	NENE	2		9.0 S	16.0 E	S	
		IL 1142 FEL NENE		2		9.0 S	16.0 E	S	
T		L 1320 FEL NENE		2		9.0 S	16.0 E	S	
21. COUNTY DUCHESNE	22. DISTANCE TO NEAREST LEASE LINE (Feet) 1207				23. NUMBER OF ACRES IN DRILLING UNIT				
	25. DISTANCE TO NEAREST WELL IN SAME POOL (Applied For Drilling or Completed) 1448				26. PROPOSED DEPTH MD: 6253 TVD: 6253				
27. ELEVATION - GROUND LEVEL 5444		28. BOND NUMBER B001834				29. SOURCE OF DRILLING WATER / WATER RIGHTS APPROVAL NUMBER IF APPLICABLE 43-7478			
ATTACHMENTS									
VERIFY THE FOLLOWING ARE ATTACHED IN ACCORDANCE WITH THE UTAH OIL AND GAS CONSERVATION GENERAL RULES									
WELL PLAT OR MAP PREPARED BY LICENSED SURVEYOR OR ENGINEER				COMPLETE DRILLING PLAN					
AFFIDAVIT OF STATUS OF SURFACE OWNER AGREEMENT (IF FEE SURFACE)				FORM 5. IF OPERATOR IS OTHER THAN THE LEASE OWNER					
DIRECTIONAL SURVEY PLAN (IF DIRECTIONALLY OR HORIZONTALLY DRILLED)				TOPOGRAPHICAL MAP					
NAME Mandie Crozier	TITLE Regulatory Tech PH			PHON	ONE 435 646-4825				
SIGNATURE		DATE 02/02/2010 EM			EMAI	AIL mcrozier@newfield.com			
API NUMBER ASSIGNED 43013502440000	APPROVAL			B	, orgill				
					Pe	ermit Manager			

